DOCUMENT RESUME

ED 262 340 CG 018 575

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TITLE Alcohol and Drug Use among "Street" Adolescents: An Exploratory Study.
PUB DATE Apr 85
NOTE 24p.; Paper presented at the Annual Convention of the American Psychological Association (93rd, Los Angeles, CA, August 23-27, 1985).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adolescents; *Alcoholism; *Drinking; *Dropout Attitudes; *Dropouts; *Drug Use; Marihuana; Nontraditional Education; Parent Influence; Peer Influence

ABSTRACT

Although adolescent alcohol and drug use is decreasing, many teenagers continue to use alcohol and drugs. Studies of adolescent alcohol use typically sample intact high school populations, excluding dropouts and adolescents alienated from straight high school populations. Alcohol and drug use and alcohol related attitudes were measured in 62 urban, high-school aged street adolescents (40 females; 22 males) who were alienated from the mainstream educational system. Interview materials included open-ended and structured questions which assessed respondents' alcohol consumption, alcohol related problems, marijuana and other drug use, parental alcohol use, parental norm sending, alcohol concepts, drinking motives, negative mood frequency, peer drinking, and street alcohol use. The results indicated that the respondents were highly alcohol and drug oriented: (1) they reported very high alcohol and marijuana use, high frequency of drinking to get drunk, and alcohol problems; (2) high proportions of their peers drank; and (3) drinking appeared necessary for acceptance into social groups. The major correlates of alcohol use and problems were peer alcohol use, limited knowledge of alcohol effects, and personal drinking motives. Reported parental alcohol use and norm sending showed weak or inconsistent correlations with respondents' alcohol use. These findings demonstrate that a sample of adolescents who would not appear in typical school-based studies exhibited much stronger alcohol involvement than the general adolescent population. (Author/NRB)

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Alcohol and Drug Use Among "Street" Adolescents: An Exploratory Study

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Alcohol and Drug Use among "Street" Adolescents:

An Exploratory Study

Abstract

Studies of adolescent alcohol use typically sample intact high school populations. This does not address those who have dropped out of school or are sufficiently alienated from the "straight" population to not be sampled. The present study measured alcohol and drug use and alcohol related attitudes among urban, high-school aged "street" adolescents who were alienated from the mainstream educational system. Despite recent optimism regarding alcohol use by adolescents, the present respondents were highly alcohol and drug oriented: they reported very high alcohol and marijuana consumption, high frequency of drinking to get drunk and alcohol problems; high proportions of their peers drank; and drinking appeared necessary for entree into social groups. The major correlates of alcohol use and problems were peer alcohol use, limited knowledge of alcohol effects and "personal" drinking motives. Reported parental alcohol use and norm sending showed weak or inconsistent correlations with respondents' alcohol use. Thus, a sample that would not appear in typical school - based studies showed much stronger alcohol involvement than the general adolescent population, with individual differences within the sample best accounted for by alcohol related attitudes. Implications of these findings for preventive activities are briefly discussed.

Alcohol and Drug Use among "Street" Adolescents: An Exploratory Study

Although adolescent alcohol and drug use is decreasing, many high school aged adolescents continue to use -- and experience life problems from -- alcohol and drugs. Hence, it is important that we continually assess amounts and styles of alcohol and drug consumption. Several national studies provide high quality data in this regard, particularly those of Rachel et al. (1982), and the Institute for Social Research (ISR) studies of High School seniors (Johnson, Bachman & O'Malley, 1982). In addition, preventing or modifying alcohol or drug use requires an understanding of the correlates of such behavior, i.e. parental and peer behaviors (Smart, 1976) and drinking-drug use attitudes (Sadava, 1973). Thus, the Jessors' (Jessor & Jessor, 1977) studies of adolescent "problem behavior" have isolated a number of social structural and personality variables that predict changes in alcohol and drug use over time.

Data regarding such adolescent problem behavior generally come from school settings, via structured questionnaires. These strategies allow for convenient sampling, and assess respondents who are typical of the larger adolescent population. However, this leaves less typical adolescents unaddressed, particularly those who have either dropped out of school or are alienated from the "straight" high school population. These adolescents may be particularly at risk for alcohol or drug abuse (see Blane, 1983; Kandel, 1975).

The goal of the present study was to measure alcohol and drug use and alcohol related attitudes among urban high school aged adolescents who would

not be sampled in a mainstream school setting. Thus, the target sample was not explicitly heavy drinking or drug using adolescents, but rather those who had dropped out or in some other way had a problematic relationship with the school system. The study was designed to compare their alcohol and drug use to consumption levels within the general adolescent population, to describe these respondents' general style of alcohol/drug use, and to assess several key social psychological variables vis-a-vis individual differences in alcohol and drug use within the sample.

Social psychological variables were chosen on the basis of previous studies, and a "stress-vulnerability approach outlined by the author (see Mckirnan, 1984). Measures consisted of: (i) reported parental alcohol use and norm sending; (ii) reports of peer alcohol use; (iii) alcohol use in unsupervised "street" settings; (iv) drinking motives, e.g., the use of alcohol for its "pharmaocological" vs. "social" properties; (v) respondents' knowledge of alcohol effects and diagnostic signs of alcohol abuse; (vi) the frequency of different adverse emotional states encountered by respondents. Dependent variables consisted of alcohol consumption, alcohol problems, marijuana consumption, and drug use other than alcohol or marijuana.

It was expected that as a group these respondents' alcohol and drug use would be significantly greater than available population estimates for their age group. In addition, those reporting more parental and peer alcohol use were hypothesized to show higher consumption. Those who showed more "street" alcohol use and whose initiation into alcohol was with peers rather than parents were also hypothesized to show higher consumption and, in particular, alcohol problems (see Ullman, 1958), as were those with more "personal" or "pharmacological" drinking motives. Respondents' knowledge of alcohol effects

was hypothesized to operate like expectancy models of norms (McKirnan, 1984): those with relatively unclear expectancies of what alcohol "is" or "does" are hypothesized to be at risk for both higher consumption and problems. Finally, a measure of negative affect (i.e., depression, anxiety, frustration) was included to test the exploratory hypothesis that those reporting high levels of such feelings would be more prone toward alcohol use.

Method

Respondents

Respondents were 40 female and 22 male high school aged adolescents. Modal age was 16-17, with a range from 13 to 20. Virtually all respondents were born and raised in urban areas, and were primarily caucasian. Respondents were concentrated in school grades 10(27%), 11(30%), and 12(23%). Only 24% of respondents lived with both parents: 37% lived with mother only, 11% with a mother and stepfather, 7% with father, and 21% with neither parent. Mean socio-economic status of respondents' families was in the Hollingshead (1957) class IV category, reflecting partial or complete high school education and skilled to semi-skilled labor occupations.

Respondents were recruited from two sources. The first was a set of "street kids": many of them had dropped out of school and were either marginally employed or planned to return to school in the future. The second author approached a known "hang out" area, offering to pay respondents for anonymous interviews. Virtually all who were approached cooperated. Contact with this population was then expanded through a "networking" procedure wherein respondents were asked to refer their friends for interviewing. Such contact was further enhanced by the active cooperation of one teenaged member in encouraging others to be interviewed. A second, related source of

respondents was an alternative high school situated in the area the street population was drawn from, which catered to female adolescents who had dropped out of the mainstream school system. Respondents from the two sources were similar in parental demographics and educational background: 46% were from the alternative school, 36% were attending (or planning to attend) public school, and 18% were not in school. While such sampling is not random, the use of naturally occuring friendship networks reached adolescents who would not appear in typical studies, and assessed an integrated segment of an urban street population.

Respondents were paid for participation. This helped decrease self-selection bias along psychological lines by providing a monitary motive for participation. Payment also encouraged more honest reporting by allowing respondents to construe themselves as responsible "key informants" rather than "research subjects". Although the degree of dissembling is impossible to determine, most respondents clearly considered alcohol and/or drug use -- even in substantial amounts -- to be wholly unexceptional, and thus felt no need to disguise or exaggerate these behaviors. Further, the use of a networking strategy meant that often we had several respondents describing the same event, such as a party, in separate interviews. While the actual reliability of these converging reports cannot be quantified, we were struck by their consistency.

Procedure and Specific Measures

All interviews were conducted in a building housing a local community organization. Interviews averaged 1.5 hours duration and were generally reported to be interesting and enjoyable. Approximately half the items were open-ended, generally calling for short (several word) answers. All

interviews followed a uniform, structured format, and were tape recorded with respondents' consent. Only a subset of the data are discussed in this paper: Specific indicies are described below.[1]

To assess the data coding two independent coders content categorized open-ended responses and recorded scale values for quantitative indicies on a subset of 14 interviews. The Inter-coder correlation for quantitative responses was .93, and the average percentage agreement on open-ended categorizations was 88.2 (100% after ambiguous categories were modified). Thus, the data coding was highly reliable. Composite variables were computed for each of the general constructs outlined in the Introduction: the constituents of each composite were chosen to be maximally internally reliable. Where dissimilar scales were to be summed all scores were first standardized.

Respondents' own alcohol consumption was assessed by three measures: a standard quantity-frequency index, their frequency of drunkenness, (rated on a 7-point scale ranging from "never" to "about every day"), and the quantity of consumption from a retrospective diary of their alcohol use over the previous seven days (Chronbach's Alpha = .75). For the inventory of Alcohol Problems respondents rated the frequency of 15 drinking related problems (e.g., "drinking has caused me to lose friends") on 5-point scales ranging from "never" to "often". Marijuana consumption and drug use were simple frequency measures, the latter concerning drugs other than alcohol or marijuana.

Parental alcohol use was assessed by reports of each parents' quantity and frequency of alcohol use. The multiple correlations reported in Table 3 also included reports of the parents' frequency of drunkenness. Parental norm

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1. The complete interview schedule and a discussion of all measures are available from the authors.

sending was assessed by respondents' report of the number of explicitly alcohol related norms parents had communicated, plus the frequency with which they discussed alcohol with their parents. This was summed with scores on a rule clarity index wherein respondents sorted 10 cards, each describing a domain of behavior (e.g., "Whether or not I smoke cigarettes") into one of five categories ("not clear at all" (1) to "very clear" (5)) to indicate the clarity of their parents' rule for that domain (alpha = .67).

Alcohol Concepts assessed respondents' ability to differentiate normal from problem drinkers. This represented the number of responses given to three open-ended questions concerning the signs used to "diagnose" drunkenness, alcoholism, and problem drinking in young people. Drinking motives were measured by an attitude index wherein respondents used 7-point rating scales to express their agreement with each of 21 statements reflecting "personal" or pharmacological motives for alcohol use (e.g., "a drink makes me less self-conscious"; alpha = .84). This was summed with the percentage of time they reported the use of alcohol to modify a standard set of negative moods. The Frequency of Negative Moods represented the average frequency with which respondents experienced five moods (frustrated, bored, "hassled", angry at parents, depressed; alpha = .79).

Peer drinking represented two correlated (r=.58) items: the percentage of friends who drink, and the percentage of time drinking takes place with friends. Street Alcohol Use was measured as whether respondents' first drink, first "high" and typical alcohol source was in the home or street context, and whether they ever drank in front of their parents.

Results and Discussion

Levels of Alcohol and Drug Use

The first question was whether problem adolescents show high rates of alcohol use both by themselves and their families. Reports of parental alcohol use must be viewed with caution, although they do reflect the visibility of alcohol use in respondents' home environment. Table 1 gives percentages of males and females at different consumption levels from an adult national sample (Clark & Medanik, 1982) and from respondents' report of their parents' consumption. The general population loads in the abstinent to moderate consumption range, with males showing heavier consumption. These adolescents' reports of their mothers' consumption closely parallels the population percentages, thus partially supporting the validity of these reports. However, they report their fathers' consumption as being substantially higher than the population rates: more than half the sample give quantity-frequency estimates that would locate their fathers in the "heavier" category.

Respondents' own consumption was substantially higher than that of the general adolescent population, with modal consumption in the highest category. Similarily, rates of drinking to get high or drunk markedly contrasted with the motives reported by the general population (see Table 1). Thus, "problem" adolescents showed substantially higher consumption than the general adolescent population, with a high percentage of drinking occasions resulting in drunkenness. Consistent with other studies there were no statistically significant sex differences in overall alcohol use, frequency of drunkenness, or alcohol problems, although males showed a tendancy toward more daily drinking (18% vs. 7.7%). Unlike other studies, here a higher proportion of

females than males reported that all or most of their drinking occasions resulted in getting very high or drunk (50% vs. 35%).

Marijuana consumption is compared to national data in Table 2. The present sample shows a very high frequency of marijuana use: some 60% use marijuana at least weekly, and virtually a quarter of the sample reports daily use. In fact, marijuana use was reported here to be more frequent than alcohol use (M occasions/year = 125 vs. 88.6; T(58) = 2.67, p<.01). The use of drugs other than alcohol or marijuana was also relatively high: 46% of the sample showed an annual prevalance of at least one usage, vs. 34% nationally (see Johnston et al., 1982). However, this was largely a female phenomenon: they showed significantly more occasions per year than did males (M = 3.4 vs. 30.65; T(55) = 2.13, p<.05) and far fewer abstainers (43% vs. 75%). Hence, females showed both high rates of drug use and a "drug-like" use of alcohol in tending to drink in order to get drunk.

This sample of "problem" adolescents then shows very high drug and alcohol use. Other data show alcohol or drug to constitute an important part of thier lives, despite the fact that less than 10% cited alcohol or drugs as a reason for leaving school. Their modal age was 16.5, yet their mean drinking history was 3.4 years and 55% reported that they are drinking less or much less than at some previous time.[2] Most drinking takes place in the "streets", in cars or in friends' houses, and for 51% alcohol/drugs consume a substantial part of their spending money. Despite their low age, 87% of the sample report having no or very little trouble acquiring alcohol at any time (although a slight majority report that marijuana is actually easier to acquire than alcohol). Finally, a mean of 67% of their friends are described

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2. This may, in fact, reflect a sample bias: some respondents may have participated in the study as part of a larger attempt to decrease alcohol use.

as "drinkers", and 44% of all social interactions are reported to involve alcohol use. While these latter figures cannot be compared to any population rates, the larger picture that emerges here is that of a highly alcohol/drug oriented environment in terms of the respondents themsevles, their peers and their parents, particularly the fathers. The next section examines psychosocial correlates of individual differences in alcohol and drug use.

Correlates of Alcohol and Drug Use

Correlates of alcohol and drug use are given in Table 3, and fall into three general classes: reports of parental behaviors, self reported attitudes, and reports of peer behavior. Each predictor is discussed in turn: multiple regressions using the set of predictors were felt to be too difficult to interpret, due to multicollinearity. Given the large number of correlations, $p<.01$ was considered statistically significant.

Intercorrelations among the criterion variables showed measures of alcohol consumption and problems and marijuana consumption to cohere. However, other drug use significantly correlated only with actual alcohol problems, and was significantly predicted by any of the parental or attitudinal variables. Thus, other drug use may represent a separate class of behavior from alcohol or marijuana use in this population, although those reporting more problems with alcohol do tend to use more drugs.

Parental Behavior. Parental alcohol use was measured by reports of quantity -- frequency of use and frequency of drunkenness for both parents. Multiple correlations showed the set of variables to marginally predict only marijuana consumption: Neither the set of parental drinking measures nor individual measures of paternal alcohol use significantly predicted respondents' own use. The greater effect of parental alcohol use on marijuana

than on alcohol is consistent with reports made by a number of respondents that marijuana represents an ordinary, "every-day" agent, while alcohol use tends to denote an "occasion". Thus, many of these respondents may use marijuana in the same style as their parents' use of alcohol. However, the more parsimonious hypothesis that respondents' alcohol use would directly reflect their parents' was not supported.

Multiple correlations showed the set of Parental norm sending measures to significantly predict alcohol consumption, with the rule clarity index carrying most of the predictive power. Thus, perceptions of parental norms did have a significant effect on alcohol use. However, these measures did not significantly predict alcohol problems, marijuana use or drug use. This may in part reflect the nature of the sample. Many respondents reported their parents' norms to be either rigidly clear or not clear at all, as might be expected in their relatively disorganized households: a more diverse sample (i.e., including more "intact" households) may show more general predictive power for these variables. Nonetheless, these data do show the importance of parental rule setting on alcohol use, even among "problem" adolescents.

Alcohol Attitudes. Measures of alcohol related attitudes showed very strong predictive power. Respondents' Alcohol Concepts represented the number of unique responses given to three open-ended questions regarding the nature and identification of alcohol abuse. There were strong simple correlations between this measure and alcohol use and alcohol problems, and a moderate correlation with marijuana use. Thus, those with a clearer or more systematic sense of what alcohol "is" and "does" showed both lower overall comsumption and fewer problems. Drinking Motives represented an attitude scale assessing the use of alcohol for "personal" reasons (e.g., tension reduction), plus the

number of times alcohol or drugs were cited as a means of changing moods. Multiple correlations showed very strong predictive power for alcohol and marijuana consumption and, in particular, alcohol problems, where drinking motives accounted for 36% of the variance. The attitude scale carried most of the predictive power in these analyses. This is consistent with other data where drinking motives represent a major predictor of alcohol use and alcohol problems in young adults (McKirnan, 1984).

Actual problems among adolescents may be a consequence of the personal drinking motives that characterize many adults, rather than the peer oriented motives more generally associated with young people (McKirnan, 1984). Hence, the actual drinking motives reported by this sample are of interest. Percentages of respondents endorsing each of a subset of the motives items are compared to a national sample in Table 4. The samples were very similar in their use of alcohol for experimentation and to enhance social occasions, although they differed considerably in terms of motives that would constitute risk for alcohol abuse: high proportions of the present sample reported using alcohol for the "personal" motives of reducing frustration, forgetting problems and the like. Thus, in addition to relatively high consumption levels, a high proportion of the present sample endorse drinking motives that may place them at risk for alcohol abuse.

Respondents' reported frequency of negative moods was not a significant predictor of alcohol or drug use, showing only a trend level correlation with alcohol consumption. This is consistent with other data collected by the investigators among young adult populations, wherein standardized measures of negative affect (depression, anomie) do not predict alcohol use as well as attitude indicies such as drinking motives or norms. In summary, respondents'

alcohol related concepts and drinking motives emerged as strong predictors of alcohol use and problems: those with a less articulated sense of alcohol effects and/or with more "personal" drinking motives show more alcohol and marijuana use.

Peer and "Street" Alcohol Use. Youthful drinking is often viewed as a "social" event, wherein both the initiation and amount of alcohol consumption is strongly affected by the presence and activities of others (Smart, 1979; NIAAA, 1976). Hence, by far the most frequently cited drinking motive is "having a good time with friends" (see Table 4). Consistent with this, reports of peer alcohol use represented an important predictor of alcohol use and problems in the present sample. Of course the interpretation of such a correlation is ambiguous, since such reports may reflect actual peer pressure, or may result from adolescents selecting peers who have drinking patterns similar to their own.

Both the peer pressure and peer selection factors received some support. A very high proportion of respondents reported drinking to fit in with their social group (see Table 4), hence, entree into available social networks among "problem" adolescents appeared to require drinking. Similarly, 62% reported some form of pressure if they were drinking less than peers in a given situation, including 32% who reported direct attempts to increase their consumption. However, 67% reported that drinking less than peers either didn't bother them or actually was a source of satisfaction. This plus the high percentages reporting "personal" drinking motives suggests that at least in part respondents were selecting peers with similar drinking behavior.

A possible corollary of peer oriented drinking is learning to drink as a "deviant" activity, outside the normative socialization provided under

parental or other supervision: the initiation of alcohol use by peers rather than parents may predict subsequent abuse (Ullman, 1958). This general hypothesis was supported here: Drinking "in the streets" was strongly related to peer alcohol use ($r = .49$, $p<.001$), and was itself a significant predictor of alcohol problems (Table 3). However, it did not predict overall consumption. Thus, street drinking may not be as important to these respondents' alcohol use as their attitudes and the direct peer measures. Consistent with this, t-tests showed no significant differences on alcohol or drug measures between those who reported having their first drink in the home (20% of the sample) and those who had their first drink elsewhere. However, virtually all respondents reported their preferred drinking places to be "street-like" settings (e.g., park areas or cars), hence this variable was relatively uniform, which may account for its lack of predictive power within the sample, and the overall higher alcohol consumption of the sample as a whole.

In summary, the stongest correlates of alcohol use and problems were personal drinking motives, unclear or limited alcohol related concepts and reports of peer alcohol use. In contrast, reports of parental behavior and variables such as negative mood states were not strong or consistent predictors. The positive findings for attitude measures were consistent with a "stress - vulnerability" approach to alcohol use among young populations generally (McKirnan, 1984): those with inappropriate attitudes (e.g., personal drinking motives) or unclear norms may be particularly vulnerable to peer pressure toward alcohol or marijuana use. While a more dynamic stress - vulnerability model cannot be directly tested within these data, the results do indicate the importance of these variables. The lack of effect of reported

parental behavior is difficult to interpret: Since we have no reason to suspect respondents of dissembling on these particular measures, we hypothesize that any effect of parental behavior was mediated by other variables not measured here (see Blane & Hewitt, 1977).

Conclusion

Recent optimism regarding alcohol use in the general high-school aged population does not extend to a sample of "street" or "problem" adolescents. Respondents were not explicitly selected on the basis of their alcohol use, yet alcohol and marijuana were integral to their social environment and personal lives. The most important correlates of alcohol use were similar to those operating within "straight" populations, yet at substantially higher levels: their drinking motives often showed the "personal", drug-like quality found among adult alcohol abusers, and a number of respondents reported conscious attempts to decrease alcohol use to eliminate adverse consequences such as social isolation, blackouts or actual withdrawal symptoms. Further, unlike more "straight" populations many of these adolescents appeared to have "fallen into" alcohol abuse as a consequence of limited resources in other areas. The combination of a disrupted family environment, alienation from mainstream educational and social systems, and poor financial and personal resources appeared to make alcohol or drug use -- and the close social network of other consistent alcohol users -- very seductive.

These findings suggest two avenues of preventive activity. First, the power of the drinking motives variable indicates the importance of attitude change interventions, and the effect of the alcohol concepts measure suggests the need for simple alcohol related information. This form of preventive intervention is similar to that relevant to more "mainstream" populations.

Second, a substantial portion of the "cause" of alcohol abuse must be located in respondents' larger social structure (see Jessor & Jessor, 1980). While socioeconomic status and related variables may be more difficult to assess and, certainly, more difficult to modify, they appeared to substantially influence responses to psychological measures within this "street" population. Hence, a major preventive intervention would be the development of social or economic resources that could provide alternatives to alcohol or drug use. As well, the role of attitudes, peer behavior, and similar variables must be understood -- and modified -- in light of the generally diminished social resources available in such populations.

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Table 1.

Percentage of Respondents at Different Levels of Alcohol Use: National Samples vs. the Study Sample

ADULT ALCOHOL USE

Drinking Category	(ounces/day)	National Sample[1]		Study Sample (reports of parental drinking)	
		Male	Female	Father	Mother
Abstain	(0)	25	40	13	31
Lighter	(.01-.22)	29	38	17	37
Moderate	(.23-.99)	31	18	17	25
Heavier	(1.00---)	15	4	53	7

ADOLESCENT ALCOHOL USE

Drinking Category	National Sample[2]	Study Sample		
	Overall	Male	Female	Overall
Abstain	25.0	0	5	3
Infrequent	7.6	5	3	4
Light	18.8	14	16	16
Moderate	16.6	5	16	12
Moderate-Heavy	17.3	33	19	24
Heavy	14.8	43	41	41

ADOLESCENT ALCOHOL USE TO GET HIGH / DRUNK

Drinking Category	(% times)	National Sample[3]	Study Sample
Never	(0%)	24	11
Few	(1-25%)	31	29
About Half	(26-50%)	18	12
Most	(51-75%)	17	4
Nearly All	(76-100%)	10	44

1. *National Sample from Clark & Medanick (1982).*
2. *National Sample (10th to 12th grade) from Rachel et al. (1982).*
3. *National Sample from Bachman et al. (1980); Numbers in Parentheses are Percentages from the Study Sample.*

Table 2
Percentage of Respondents at Different Frequencies of Marijuana Use: National Sample vs. Study Sample

Frequency	National[1] Sample	Study Sample
Abstain	51	12
1-5 times/year	17	5
Approx. monthly	11	2
2-4 times/month	6	20
1-4 times/week	6	38
Approx. daily	9	23

1. *National Sample from Bachman et al. (1980).*

Table 3
Multiple and Simple Correlations:
Individual Predictors by Alcohol and Drug Measures

	CRITERION			
PREDICTOR	alcohol consumption	alcohol problems	marijuana consumption	drug use
parental alcohol use	.23	.26	.35*	.16
parental norms	-.34**	-.22	-.16	-.23
alcohol concepts	-.40**	-.42**	-.29**	-.08
drinking motives	.44**	.60**	.47**	.25
aversive moods	.26*	.03	.16	.01
peer alcohol use	.50**	.55**	.35**	.16
street alcohol use	.12	.34**	.24	.21
alcohol consumption		.56**	.47**	.11
alcohol problems			.59**	.31**
marijuana consumption				.21

* $p < .05$
** $p < .01$

Table 4
Percentage of Respondents Endorsing Different Drinking Motives: National Sample vs. The Study Sample

Drinking Motive	National[1] Sample	Study Sample
experimentation	38.2	37.7
have a good time/party	70.4	78.7
fit in with group	10.7	55.8*
relax	16.6	60.7*
forget problems	16.6	60.7*
reduce boredom	18.6	45.9*
reduce anger or frustration	14.0	37.0*

1. National sample from Bachman et al. (1980).

* χ^2 *across samples,* $p < .01$.